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PTO IDENTIFIER:	Application Number 10/630,219 – Conf. # 8297
	Patent Number

Inventor: Michael P. Schrom

MESSAGE TO: PTO - Amendment	Group Art Unit: 3766
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Attorney Dkt. #: 03-002

PAGES (Including Cover Sheet): 17

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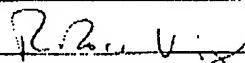
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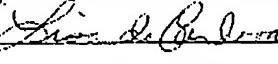
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TRANSMITTAL FORM		Application Number	10/630,219 -Conf. #8297
(to be used for all correspondence after initial filing)		Filing Date	July 29, 2003
		First Named Inventor	Michael P. Schrom
		Art Unit	3766
		Examiner Name	D. Malamud
Total Number of Pages in This Submission	17	Attorney Docket Number	03-002

ENCLOSURES (Check all that apply)		
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Dated: March 23, 2006	Signature:  (Lisa deCordova)

68462/P056US/10503199

AMENDMENT TRANSMITTAL LETTER				Docket No. 03-002
Application No. 10/630,219-Conf. #8297	Filing Date July 29, 2003	Examiner D. Malamud		Art Unit 3766
Applicant(s): Michael P. Schrom				
Invention: SYSTEM AND METHOD FOR PROVIDING A MEDICAL LEAD BODY				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	44	- 44 =		X
Independent Claims	14	- 14 =		X
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-203B is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>06-2380</u> as described below. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
R. Ross Viguet R. Ross Viguet Attorney/Agent Reg. No.: 42,203				
Dated: <u>March 23, 2006</u>				
Amendment Transmittal I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.				
Dated: March 23, 2006		Signature: <u>Lina deCordova</u> (Lina deCordova)		